

EWL Cancer Screening Guidelines 2013-2014

Breast	EWL Protocol^{*1}	Cervical	EWL Protocol^{*2}
Age to start mammography screening	<ul style="list-style-type: none"> Target population is 50-64 <ul style="list-style-type: none"> ➤ 40-49, if slots available ➤ More than 80% of screening mammograms must be provided to women over age 50 	Age to start screening	<ul style="list-style-type: none"> Target population is 50-64 <ul style="list-style-type: none"> ➤ 40-49, if slots available ➤ A minimum of 20% newly enrolled women who receive a Pap test will meet the criteria for having been never or rarely screened
Intervals of screening – previous mammogram normal	<ul style="list-style-type: none"> Annual At least 65% of EWL patients should be rescreened annually 	Intervals of screening – previous cytology normal	<ul style="list-style-type: none"> Every three years- Conventional or Liquid-based Cytology or every five years with cytology and HPV testing
Above average risk?	<ul style="list-style-type: none"> Not currently assessing risk 	Pelvic Exam	<ul style="list-style-type: none"> Mandatory - part of EWL physical exam
Age to stop screening	<ul style="list-style-type: none"> Program does not enroll women over the age of 65. 	Age to stop screening	<ul style="list-style-type: none"> Program does not enroll women over the age of 65.
Clinical breast exam	<ul style="list-style-type: none"> Mandatory-part of the EWL physical exam 	HPV DNA for screening	<ul style="list-style-type: none"> Reimbursable if done in conjunction with cytology every five years
Teach Self breast exam (BSE)	<ul style="list-style-type: none"> Optional 	If hysterectomy was indicated for : <ul style="list-style-type: none"> Benign reasons (i.e. treating uterine fibroids): 	<ul style="list-style-type: none"> No screening <ul style="list-style-type: none"> unless cervical remnants are present
Digital Mammography	<ul style="list-style-type: none"> Optional Reimbursable 		
MRI for screening average risk women	<ul style="list-style-type: none"> Not reimbursable 	If hysterectomy was indicated as treatment for: <ul style="list-style-type: none"> CIN I, II, III/CIS Cancer indications 	<ul style="list-style-type: none"> The surveillance period for post treatment or spontaneous resolution of cervical neoplasia (CIN 2, 3) consists of co-testing (cervical cytology with high-risk HPV DNA testing) at 12 and 24 months (<i>ASCCP</i>) After the surveillance period routine screening should continue for 20 years (<i>ACOG</i>). Invasive cervical cancer - cervical cancer screening with cytology alone should continue every three years indefinitely (<i>ACOG</i>).

Source:

^{*1}U.S. Preventive Services Task Force (USPSTF) 2002

^{*2} U.S. Preventive Services Task Force (USPSTF) 2012

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